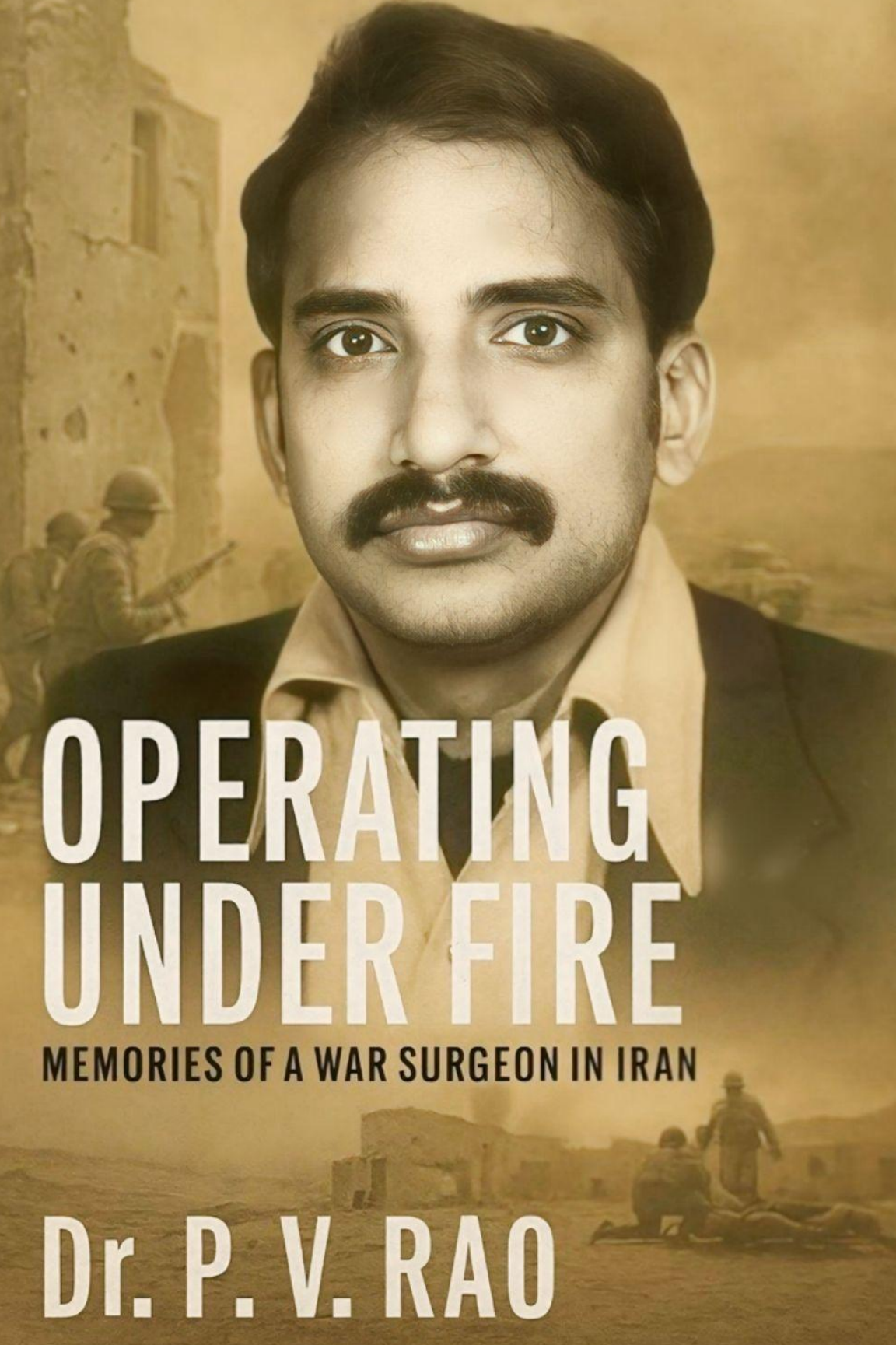
OPERATING
UNDER FIRE
MEMORIES OF A WAR SURGEON IN IRAN
Dr. P. V. RAO

Author's Note

As I open these pages to you, dear reader, I feel a gentle hesitation. For what I share here are but recollections — the ashes of experiences that once burned brightly in the furnace of life.

Memory is not the living flame but its faint residue. In offering these memories, I am aware that they are not the immediacy of those moments, but only their fragile shadows.

Yet perhaps in these ashes, there remains a quiet warmth — not to glorify the past, but to illuminate the timeless human spirit that flickers beneath every wound, every act of service, every silent prayer in the operating theatre under fire.

It is not my intention to bind you to these memories or invite you to dwell in the past. Rather, I share them as a humble gesture — a mirror that may reflect the universal tenderness and resilience within each of us.

May these words not burden you with the weight of yesterday, but instead point toward the living flame of now, where love and compassion are forever reborn.

Dr. Venkata Rao Potluru
Consultant Surgeon and Author of 'The Timeless Awareness'

Introduction

A war zone is a crucible where the illusions of safety, identity, and control are burned away. In that harsh, unforgiving light, what remains is the essence of our shared humanity — vulnerable, tender, and profoundly sacred.

As a surgeon amidst revolution and war in Iran, I came to see that true healing is not about conquering death, nor about perfecting technique. It is about meeting life wholly, directly — without hesitation, without fear, without the veil of thought.

When bombs fall and sirens wail, there is no space for ego, for ideology, or for the comforting refuge of images. There is only the simple, urgent call to act with clarity and compassion.

Jiddu Krishnamurti spoke of choiceless awareness — a state in which the mind simply perceives, without interference from memory, desire, or self-interest. In the operating theatre under fire, this was not an abstract philosophy; it was the natural unfolding of attention in the face of life and death. Each moment demanded total presence. Each patient revealed the same silent plea: *See me as I am. Help me live.*

In such moments, action did not arise from motive or calculation but from a space beyond the self. There was no separate surgeon, no separate patient — only life responding to life, a movement of compassion without division. To operate under fire was to move from this space of wholeness, where all images of self dissolve and only pure relationship remains.

This book is not a chronicle of heroism, nor an attempt to glorify suffering. It is a testament to the quiet power of presence — a meditation on the possibility of living and acting without the burden of becoming, without the shadow of reward or punishment.

Amidst the machinery of violence, amidst the roar of war, there exists a profound silence — a silence in which true healing can occur.

Under the continual presence of death, one learns that to heal is to see oneself in the other, to move beyond all barriers and identities. When each incision becomes an offering, and each stitch a silent prayer, healing is no longer a mere act but a way of being — a direct, fearless embrace of life in its most fragile and sacred expression.

Here, beyond thought and beyond self, one discovers that to serve is to love, and to love is to live fully.

Dr. Venkata Rao Potluru

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The Great Escape – Part 1

In the year 1979, I was working as a consultant surgeon at the Tertiary Referral Hospital in Sanandaj, the capital city of Kurdistan Province, Iran. The city, nestled in the mountainous terrains of western Iran, had always carried a quiet dignity—until the winds of revolution swept across the nation.

That year, the ancient monarchy of Iran came crashing down. The Shahanshah—the so-called "King of Kings"—was overthrown by the rising tide of the Islamic Revolution. What followed was not peace, but a deep and restless instability. The Kurdish people, with their long-standing demand for autonomy, saw this upheaval as an opportunity. A revolution within a revolution was ignited. In Sanandaj, the air thickened with the scent of rebellion.

The newly established Islamic regime attempted negotiation, but their efforts were met with resistance and defiance. Talks failed. Tensions escalated. And then the storm broke.

The Islamic Revolutionary Guards began advancing towards Sanandaj, determined to seize control. From the outskirts of the city, government forces launched a barrage of land-to-land missiles, indiscriminately shelling civilian neighborhoods. The city shook—day after day, dawn to dusk—with gunfire, explosions, and chaos.

The wounded began pouring in. Kurdish rebels, government sympathizers, innocent civilians—everyone was caught in the crossfire. And they all came to one place—our hospital.

Ours was the only major medical facility in the region, and it was being run by a team of Indian doctors, with me heading the surgical division. The pressure was unimaginable. But we had no choice. We were doctors. Our duty was to save lives.

Every morning, at 8 AM sharp, our operating theatres would roar to life. We worked tirelessly—four surgeons, myself heading—scalpel to skin, stitching life back into shattered bodies. Day after day, we worked 20 hours a day, often continuing till 4 AM the next morning, with only a brief pause before the next wave of casualties arrived.

It was like this for thirteen days. Thirteen unbroken days of death, pain, and resilience.

Then came the morning of the thirteenth day.

At around 4 AM, as I was finishing surgery on a severely injured young rebel fighter, the Director of Medical and Health Services for Kurdistan province entered the operating theatre, his face ashen with urgency.

“Dr. Rao,” he said, voice trembling slightly, “we have just received instructions from our central government in Tehran. Your Indian government has officially requested the safe evacuation of all Indian doctors from Sanandaj.”

He paused, his eyes meeting mine with a mix of concern and helplessness.

“But I must be honest with you. I cannot guarantee your safety. Government forces are firing erratically, and the shelling continues without pattern or warning. Even if I arrange an ambulance, there is no assurance that it won’t be hit en route.”

He lowered his voice and added, 'However, there is a two-hour ceasefire planned today from 10 a.m. to 12 noon for the exchange of bodies between the opposing sides. That may be your only window. I advise you to leave during that ceasefire. But please—think carefully.

I stood there, scalpel in hand, the blood of my patient still staining my gloves, heart pounding not from the fatigue of surgery, but from the weight of a choice I had never imagined I would face.

To stay was noble.
To leave might be survival.
But both paths were lined with uncertainty.

What crossed my mind then was this: the Director himself was a trained surgeon, though no longer practicing, and had not been seen actively in the hospital until now. In addition, another Iranian surgeon had been deputed to our hospital in anticipation of the conflict, along with a local Iranian gynecologist and a few iranian anaesthesia technicians. Though they could not replace the full capacity of our Indian team, their presence offered some degree of continuity. Perhaps they could hold the fort—at least for now.

The Great Escape – Part II: The Night Run

The thirteenth day was ending. I had just completed surgery on the last wounded patient, my hands aching, my body numb. Yet something heavier pressed upon me: a decision I had to make—not with a scalpel, but with my life.

After the Health Director's warning and the urgent directive from our own government, I knew immediate action was necessary. I gathered all the Indian doctors—my team, my comrades—and called for an emergency meeting that night within the hospital walls.

I conveyed the message: We have received instructions to evacuate. A two-hour ceasefire has been declared today between 10 AM and 12 noon. I recommend that we depart during this period.

A heavy silence.

Then one of the doctors spoke, "During the day, the local civilians won't allow us to leave. If we go, they'll be left without any medical help—and they know it. They will stop us."

He was right. These people had come to rely on us. And now, we were to abandon them?

Another voice rose in the dim light, "Then we must leave before dawn. While the city sleeps. We'll move through the narrow lanes, quietly, without attracting attention."

The room fell into agreement. It was our only chance.
We returned to our quarters and informed our wives—no luggage, no farewell, only essentials: degree certificates, passports, and whatever little we could carry by hand. Memories would be left behind. We stepped into the cold darkness of early morning, not knowing if we would live to see the sun rise.

We moved like shadows through the alleys of Sanandaj, the city that had embraced and bled with us. The streets were eerily quiet, save for the distant echo of gunfire beyond the hills.

After some distance, we came upon a group of civilians waiting for their morning ration of naan, lined up outside government bakeries.

They spotted us.

One of them stepped forward, stern, questioning. “Where are you going? You can’t leave us now! What about the wounded? What about the children?”

We stood still, uncertain.

One of us spoke softly, “We are only going to leave our wives in a nearby city. We will return.”

They didn’t believe us.

Then, something remarkable happened. Iranian women standing in that bread line, perhaps sensing the gravity of our journey, turned to the men and spoke in our defence. Their words—simple, human, maternal—carried more power than any official pass. They convinced them to let us go.

We bowed slightly and moved on—hearts pounding with both guilt and relief.

As the first light of dawn began to break, we reached a dangerous stretch—a 100-meter open road we had to cross to reach the next cluster of houses, the next shadow to hide in.

But danger had eyes.

From a distant military post in the hills, Revolutionary Guards mistook us for fleeing Kurdish rebels. They opened fire.

"Run!" someone whispered harshly.
We took turns, one by one, sprinting across that open kill-zone, thanking God with each safe arrival.

Then came the turn of a male gynecologist, carrying his child. His wife followed closely behind, then myself and my wife. Bullets whizzed past us, cutting the wind with invisible blades. I saw a round pass just three inches above the gynecologist's wife's head. One bullet kicked up dust ahead of me, another just behind.

We didn't stop.

We didn't scream.

We just ran.

And miraculously, not one of us was hit.

Breathless and shaken, we reached another series of lanes and wove ourselves deeper into the city's belly. But now came the final obstacle—another wide road, 100 feet across,

separating us from the safe zone where buses waited to evacuate us.

Again, the guards were firing intermittently on that open strip.

One by one, we made our run—in silence, in gaps, in desperate hope.

When my turn came, I clutched my papers tightly and dashed. Midway, my foot caught a loose stone. I fell, tumbling forward, rolling across the pavement with the sound of gunfire still behind me.

My hands were scraped, my knees bruised.

But I stood.

And I ran.

And I made it.

We regrouped in the evacuation zone, wounded not in flesh but in spirit. We had made it—every single one of us. Doctors, wives, children.

We had survived war, duty, fire, and fate.

As we boarded the buses, I looked back at the city of Sanandaj—no longer just a place of service, but a chapter etched in blood, courage, and human grace.

In that moment, I knew:

We hadn’t escaped.

We had been delivered.

The Return to Sanandaj

We, the doctors who had lived and worked through fire, finally left the city of Sanandaj—its streets still echoing with gunfire, its sky thick with memories.

Our surgical team, drained yet standing, reported to the Ministry of Health in Tehran. There, we were reassigned to various hospitals across Iran, posted in cities where conflict hadn't yet spilled its fury.

But though my hands were elsewhere, my mind remained in Sanandaj.

Day after day, I followed the news, searching for updates—was the violence still raging? Were the civilians receiving care? Was the hospital, once alive with our commitment, now silent?

Then came word: The civil unrest had ended. Government forces had taken control. The city was no longer under siege. The streets were quiet. But the hospital… the hospital was now a hollow shell—no specialist doctors, no surgical team, no one to tend the wounds that lingered after the bombs had stopped.

A month after we had escaped, I returned.

Not for duty—only to collect my belongings. But what I saw pierced deeper than any call of obligation.

My residence—the quarters I once called home—stood silent. Its outer wall, facing the road, was pocked with bullet holes, a grim testament to the chaos we had left behind. I

paused at the door and drew a long breath, the air thick with the smell of dust and memory.

Inside, everything was as I left it—except the silence. It felt like the city was holding its breath.

I packed quietly.

Then, almost instinctively, I went to the hospital. Out of courtesy, yes. But also, out of something unspoken—perhaps guilt, perhaps hope.

The Director of the hospital, upon seeing me, stood up with visible emotion. His face lit up—not with mere formality, but with genuine relief.

“Dr. Rao,” he said, “I beg you… please come back. The city is safe now. We need you. The people need you. If you return, others will follow.”

There was no pressure in his voice—only sincerity. He wasn’t asking for a surgeon; he was asking for healing, for leadership, for continuity.

And in that moment, I saw clearly:

Duty is not just to save lives in emergencies,
but to return when others have turned away.

He offered to handle all administrative processes himself. I would not have to struggle with permissions or paperwork. He wanted me back in Sanandaj—not just as a surgeon, but as a sign of peace.

I agreed.

True to his word, the arrangements were made swiftly.

Once my return was confirmed, the rest of our team followed—one by one, the doctors who had braved bullets now returned with quieter hearts.

We resumed our work in Sanandaj. The wards reopened. The operation theatres breathed life again. Peace had returned, and with it, our purpose.
For three months, the city remained calm.

Children played in streets once riddled with gunfire. Patients arrived with routine ailments, not shrapnel wounds. The nightmare had ended—or so we believed.

Then, without warning, the next storm rose on the horizon.

Iran–Iraq war.

A madness even greater than what came before. But we were not the same now—we had seen war, survived it, returned to duty despite it.

And this time, we were ready—not just with scalpels, but with resolve.

A Narrow Escape

Sanandaj — the capital city of Iran's Kurdistan province — had fallen into a tense calm. The Kurdish rebels had been pushed out, and the city was now under the vigilant watch of the Revolutionary Guards. Their presence was visible at every corner — boots on the ground, rifles slung across shoulders, and eyes scanning for remnants of resistance.

Our quarters were located just opposite one of the key guard posts, across a broad 120-foot road. From our balcony, I could see their sandbag-covered shelters and machine guns mounted behind crude barricades. Despite the unrest, life, in its persistent rhythm, went on.

That morning, around 9 a.m., my wife went to the local market, as she often did — to pick up vegetables, some rice, and essential groceries. As usual, she hired a taxi for the short trip. Nothing about the morning suggested that danger was moments away.

She returned as usual, holding bags of supplies, and stepped out of the taxi near the gate of our residence. Just then, chaos erupted.

Two young Kurdish boys were walking along the far side of the road — right in front of the Revolutionary Guard post. I later learned they had exchanged words with the guards. No one knows exactly what was said, but the tone escalated rapidly. Angry shouts turned into threats. And then, without warning, gunfire.

Startled, the boys ran — directly across the wide road — toward the side where my wife had just alighted. The guards, assuming the worst, opened fire.
My wife saw it all in an instant — the bullets tearing through the silence, the boys sprinting toward her, the shouted commands in Farsi. She did not scream. She did not run. She simply dropped to the ground — letting go of the ration bags, pressing herself flat onto the pavement, motionless.

Seconds later, the two boys collapsed near her, bleeding, wounded — victims of suspicion and rage. Miraculously, none of the bullets had touched her. A matter of inches had spared her life.

The boys were rushed to the hospital — our hospital.

By then, I was already deep in my day's surgeries. Amid the busy list of operations that afternoon, two young men were brought in with grievous abdominal injuries. One had splintered intestines, the other a torn liver. The surgeries were long, complicated, and tense — but successful. I managed to save them both.

That evening, I returned home exhausted, unaware of what had unfolded outside my very door. My wife recounted the morning's events with trembling calm. Her voice was steady, but her eyes gave it away — she had stared into the face of death.

As she described the boys, something clicked in my memory. I asked a few clarifying questions, piecing together what she had seen and what I had done. And then it struck me — the two boys I had just spent hours operating on were the very ones who had run past her.

I sat in silence, absorbing the enormity of it all.

The randomness of violence.
The fragility of life.
The strange, almost poetic twist of fate — that I had unknowingly worked to save the very lives that had nearly ended hers.

That night, I did not sleep easily. But I was grateful. Grateful that my wife had survived, that the boys were alive, and that — in a world spinning with madness — there was still space for compassion, for healing, and for grace.

The Day My City Was Bombed

(A Memoir from the Iran–Iraq War)

The war had already become an uninvited companion to our daily existence. As the senior consultant surgeon heading a team of Indian doctors in Sanandaj—the capital of Iran's Kurdistan province—I had come to accept that life, in all its unpredictability, continued even under the looming shadow of conflict.

On the eve of the strike, a chilling warning came—Iraq announced that it would bomb our city the next day at around 4 p.m. It was not the first such threat, but this one felt different, more imminent. As a precaution, bunkers had already been dug outside the entrance of our hospital and near our residential quarters. Yet, despite the tense atmosphere, the city moved in its usual rhythm—uneasy, but resilient.

Naturally, my fellow Indian doctors were anxious. Some proposed leaving the city outskirts temporarily, planning to return only after the bombardment had passed. One of them said, "We didn't sign our contracts to serve in a war zone." Their fear was not unjustified—we were healers, not soldiers.

I heard them out and responded firmly:
"Iran is in a state of war. If you had expressed this earlier, the administration could have arranged alternatives. But this is not the moment to abandon our surgical blades. This is precisely when our presence matters most."

Despite my appeal, they decided to leave. I respected their decision. "There's a bunker ready outside the hospital," I told

them. “If the siren sounds, I will take shelter there.” I stayed, accompanied only by Iranian anaesthesia technicians and a few committed theatre technicians. We continued preparations quietly, solemnly.

At the appointed hour, Iraqi MiG fighter jets tore across the sky. Explosions rocked the city. Buildings shook, windows shattered. Soon the wounded began to arrive—children, men, women, civilians, all victims of the sudden fury. Limbs were severed, abdomens torn, chests pierced. The air was heavy with smoke, cries, and the urgency of survival.

I took charge of triaging and surgeries. Abdominal and chest trauma cases were rushed to my table; the technicians managed limb injuries, stopping hemorrhages and stabilizing the critical. We worked rapidly and without pause.

Then came the second wave of jets. More bombs fell, more cries echoed. Three hours passed in this harrowing state. True to their word, the Indian doctors who had left returned — having witnessed the destruction, the aerial dogfights, and the immense human suffering, they came back to serve. There were no questions, no explanations — only quiet, resolute action. I welcomed them without judgment. Together, we resumed our mission: to save lives.

We operated through the night. Case after case. No one counted hours. Around midnight, some Indian doctors from nearby towns came to check on us. They watched silently through the glass of the operating theatre. On seeing us alive and immersed in work, they sighed with relief and quietly returned.

At dawn, I took up another case. The external wounds looked manageable. But once I opened the abdomen, I found a life

hanging by a thread. A jagged splinter had pierced through the kidney and embedded itself into the wall of the inferior vena cava. Blood leaked slowly, silently. One wrong move, and it would have been fatal.

With full attention, I removed the splinter, repaired the venous wall, and performed a partial nephrectomy. I stood for a moment, quietly in awe of nature's intelligence. It was as though something sacred had held the bleeding just long enough for us to find it. Life had waited for us.

This was not my first case of a major vascular injury. I had previously even removed large splinters from cardiac muscle. Yet I was amazed at the generous time nature had granted us, sustaining life just long enough for me to intervene and save it.

We continued operating until 4 p.m. the following day — nearly 24 hours after the bombing had begun. We had worked without a single pause for an entire day.

After the last patient was operated , I went back to revisit the earlier cases. I saw the faces of the survivors—bandaged, alive. I saw the dedication of our hospital staff—their steadfastness, calm under pressure, clinical intelligence, and tireless commitment. I witnessed the generosity of the local people, coming forward to donate blood without hesitation, embodying a quiet, unshakable solidarity.

In that moment, I realized that while bombs had fallen from the sky, something else had risen from the ground—courage, compassion, and the undivided spirit of human service.

A Day in the Sky, a Night in the Wards

It was one of those unpredictable days during the madness of the Iran–Iraq war—a conflict that had already stretched beyond reason, with no clear end in sight. News had come in that Marivan, a city nestled on the Iran–Iraq border, had been heavily bombarded. The local district hospital there was overwhelmed. The casualties—many of them civilians—were pouring in, and their capacity to manage was failing.

Typically, in such emergencies, the wounded would be airlifted to our tertiary hospital in Sanandaj, the provincial capital. Our facility was well-equipped, and we were used to handling large-scale emergencies. But this time, the plan was different.

I was informed, without much preamble, by the Director of Medical and Health Services for Kurdistan province:
"Dr. Rao, we need you in Marivan. Take an anaesthesiologist and a team of surgical technicians. You'll be operating there—on-site."

There was no room for discussion. The war dictated its own logic, and we responded without hesitation.

What followed was my first experience aboard a military helicopter—a twin-propeller chopper roaring like an ancient bird of war. We rose above the city, the buildings of Sanandaj shrinking below us, and the mountains of western Iran unrolling like a vast, solemn scroll. I sat gazing through the open hatch, watching the serpentine roads carved into the

earth, the scattered villages, the winding riverbeds—life continuing in the shadow of destruction.

We landed at Marivan District Hospital, where the scene was grim but familiar: rows of stretchers, cries of pain, a staff struggling under the weight of catastrophe.

We had no time to settle in. We changed into scrubs and entered the operating theatre immediately. We worked through the night, repairing ruptured abdomens, shattered limbs, and chest injuries. Blood flowed, and so did resolve. The surgical lights buzzed above, casting halos on sweat-streaked brows, but there was no room for fatigue. This was not just medicine—it was service under fire.

By the following afternoon, we had treated every casualty we could reach. Before leaving, I instructed the local surgeon to transfer some of the more serious patients to Sanandaj for continued postoperative care under my supervision.

We returned by road—our team tired but quietly proud, knowing we had done what was required. The landscape passed us by in a haze of sun and silence; the air filled with that strange mix of exhaustion and peace that only follows the intensity of human effort.

Looking back, I realize we were young, idealistic, and deeply committed—driven not by duty alone, but by an unwavering passion for surgery and an unshakable respect for human life. From my earliest days in medical school, becoming a surgeon had been my dream. Yet in India, despite all efforts, something was missing. The exposure, the complexity, the intensity—I longed for a place where I could operate to the fullest extent of my skill.

I did not choose Iran deliberately, but something—perhaps fate, perhaps life itself—had placed me where I could serve wholly. In this foreign land, in the middle of war, I found the very work I had been seeking: undiluted, urgent, real.

In that moment—in the helicopter above the mountains, in the blood-soaked ward of Marivan, and during the weary ride back to Sanandaj—I found a rare kind of fulfilment. It was not born of recognition or reward, but from the sheer act of living one's purpose completely.

A Life Saved, A Life Taken: A Lesson in Law and Loss

It was midday, and I was deep in the rhythm of routine surgeries at the hospital in Sanandaj. The operating theatre was abuzz, our team moving efficiently through scheduled cases—focused, composed, steady.

Suddenly, the routine was shattered.

A young woman was rushed into the theatre, bypassing casualty. There was no time. Her clothes were soaked in blood, her body limp, her breathing shallow. She had sustained multiple stab wounds, deep and dangerous—most in the abdomen. The anaesthesia team immediately began resuscitation while I prepared for emergency laparotomy.

She had been stabbed by her own brother.

The reason, I was told, was "honour." He believed she had dishonoured the family through what he claimed were illicit associations. That was all I knew—and all I needed to know. In the theatre, we do not operate on morality, we operate on the human body.

I opened her abdomen. There were multiple internal injuries: mesenteric tears, bleeding bowel loops. I resected the damaged intestine and anastomosed it, repaired the mesentery, and secured the bleeding vessels. By the grace of fate, no major vascular structures were injured. She survived the night.

For two days, she remained in the intensive care unit under careful observation. On the third day, her condition

stabilized, and I shifted her to the general ward. There was a sense of relief among the team. Another life pulled back from the edge.

But the story did not end there.

On the fifth day, during public visiting hours, her brother—her assailant—walked into the ward. He was calm. He carried no visible weapon. The staff allowed him in. No one anticipated what would follow.

Without warning, he took out a concealed knife and stabbed her again—this time fatally. Before we could get her to the theatre, she was gone. All our efforts of the past five days were undone in one brutal moment. The ward fell into stunned silence. Nurses cried. Some stood frozen. I stood staring at the lifeless body brought to operating theatre, still wrapped in post-operative dressings.

But what shocked me even more came later.

There was no arrest. No inquiry. No punishment. I was told that under the prevailing law of the land, the brother's actions were not only tolerated, but quietly praised in certain circles as an act of familial righteousness.

The legal and cultural system had sanctioned her execution under the name of honour.

I was devastated—not just because we lost a patient we had fought to save, but because the very society we were trying to serve offered no sanctuary for the life we preserved.

This incident remains etched in my memory—not just as a surgeon, but as a human being. It was a moment when

medicine collided with law, when compassion was defeated by custom, and when the sanctity of life was overruled by the rigidity of tradition.

I continued my duties, because there were more patients, more emergencies, more lives to tend. But something in me had changed. I had witnessed not just a death, but a betrayal of life itself.

A Night of Silence and Compassion

One quiet night, after completing a long and demanding surgery, I sat alone in the operating theatre with one of my trusted technicians. He was a man I respected deeply—for his dedication, for his quiet competence, and for the integrity he brought into every corner of his work. There was an unusual gravity in his voice when he spoke that night. It was not a conversation about work—it was a plea.

He told me his wife's brother had disappeared—gone into hiding, fearing a death sentence under the law of the land. The reason: he had impregnated a young unmarried woman. In the rigid framework of that country's religious law, this was not merely a social stain—it was an offence punishable by death.

The girl's family, tormented by the social consequences and fearing for their daughter's life, had approached my technician in desperation. They begged him to help resolve the situation quietly, to save not just the boy, but their daughter as well from the wrath of a system that offered no space for human error, no room for compassion.

Now, the technician stood before me, not as a subordinate, but as a brother pleading for life itself. Could I help? Would I help?

I knew the risk. Performing an abortion under these circumstances was not just illegal—it was a crime that could bring disgrace or even imprisonment to the entire theatre team. Yet beyond the fear, I saw something else: the

unmistakable truth of two young lives caught in a web of fear, shame, and a merciless law. And I said yes.

But how?
We began planning. On night duty, there are always two theatre technicians present to manage emergencies. The other technician, a close friend of his, was trustworthy and skilled, and agreed to help. Our Indian anaesthesiologist, a calm and understanding professional who had seen many shades of life, also agreed without hesitation. The only variable was the cleaning worker in the theatre—but my technician assured me he could manage him, sending him on an errand into town during the operation.

We dared not involve the gynecologist—she was kind but too fearful to do anything that could jeopardize her position. So, I took on the responsibility.

At exactly 8 p.m., as routine operations came to a close, the girl was brought into casualty, accompanied by her worried parents. They said she had abdominal pain. I examined her and declared it to be a case of acute appendicitis. Those were the days when ultrasound scans were unavailable in most hospitals, and blood tests, though performed, were not definitive tools in diagnosing acute abdomen. My word as the senior surgeon was enough.

She was prepared and brought to the operating theatre. As planned, the theatre cleaner was sent out. Inside, we proceeded. I gently performed a dilation and evacuation of the uterine contents. As a precaution to cover our tracks, I made a small superficial incision at McBurney's point—the typical site for an appendectomy—and placed two stitches.

No one questioned anything. The patient was transferred to the ward. Her case sheet said: “Appendicitis — operated.”

She recovered well. Two days later, she was discharged with the usual instructions to return for suture removal. No one—none of my colleagues, no one in administration—ever knew what had truly occurred that night. Only one Indian anaesthesiologist shared the full knowledge of that secret operation.

What is Law? What is Justice? What is Compassion?

In moments like these, one is forced to confront the deep and uneasy questions of existence—not from a textbook, but from the immediacy of life itself.

What is law?

Is it a fixed commandment, rigid and cold, that sees only the letter and not the life? Is it a system designed to punish error without understanding its cause? Or is it meant to protect, to nurture, to guide toward sanity and wholeness?

What is justice?

Is it the balancing of scales with blindfolds on? Or is it the deep understanding of human fragility—of how fear, desire, and sorrow can distort the lives of even the most innocent?

And what is compassion?

It is not sentiment. It is not pity. It is not approval. Compassion is the seeing of another’s pain as your own—without judgement, without division. It is a movement of

total perception, where action flows not from fear, not from law, but from love.

Compassion has no motive. It does not seek reward or fear punishment. It acts because it must—because it sees. In that moment, I did not act as a doctor, or as an Indian, or as a citizen under a foreign law. I acted as a human being.
And in that act, there was clarity.

Yes, I risked my career, my position. Yes, I stood against the rule of the land. But is obedience to cruelty ever virtue? Is silence before injustice ever wisdom?

Krishnamurti said: “It is no measure of health to be well adjusted to a profoundly sick society.”

That night, in a hidden operating theatre, we may have broken a law—but we preserved life. We did not become heroes. We simply refused to betray the truth of what we saw.

That, to me, is the only justice that matters.

And that is the only law that love ever obeys.

The War, the Wound, and the Willing Hands

It was during the long, relentless years of the Iran–Iraq war. A war that had no clear rhythm — only sudden bursts of destruction followed by uneasy lulls. In our hospital in Sanandaj, the capital of Kurdistan province, we had grown used to receiving instructions from the Ministry of Health. Often, we were told to keep certain beds vacant in anticipation of planned military operations. The Iranian army would inform the ministry about upcoming offensives near the border, and the ministry, in turn, would direct us to reserve space for casualties.

But such instructions, though formally issued, were impossible to implement in practice.

We were the only tertiary referral hospital in the entire region — the sole beacon of surgical hope for thousands. It was not a hospital built for the war, but it had to function like one. And the war was not a weekend crisis; it was an ongoing madness stretching over a decade. Could we, in good conscience, deny regular patients their care, their surgeries, their relief — all because there might be a military attack the next day?

No. We never obeyed those orders to keep beds vacant.

Our corridors were wide, our emergency systems flexible. We could, and often did, set up temporary beds along the hallways in times of crisis. But routine patients could not be left in limbo — not in this war-torn land, not with so much suffering, and certainly not with our team.

Our surgical unit, along with our anaesthesiologists, was a tightly knit group — dedicated, enthusiastic, and, I daresay, tireless. We took pride in the volume of work we carried. None of us ever complained about the weight of the day. On the contrary, we welcomed the opportunity to serve. Even during relatively calm evenings, I would take up thyroid surgeries or planned procedures — not because I had to, but because there were patients waiting, and the theatre was silent.

And for that, I must deeply thank my anaesthesia colleagues — they never once objected. They understood, like I did, that the work of healing did not obey the clock. Compassion isn't scheduled.

It was in this spirit that I met an Indian surgeon from the district hospital of Marivan, a town that sat closer to the Iraq border — more exposed to danger, but less equipped for complexity. He had come to Sanandaj on official work, and during a quiet hour, he narrated a curious incident.

A patient had come to him, suffering from an acute fissure in Ano — an intensely painful condition. The man was desperate for relief and requested surgery.

The surgeon, however, refused.

"The administration has asked us to keep some beds vacant," he told the patient, "In anticipation of casualties from the next army operation."

The patient pleaded, saying the pain was unbearable — "Worse than a bullet injury," he had said, in honest desperation.

Still, the surgeon declined. He spent nearly thirty minutes explaining the ministry's orders to the suffering man.
When this surgeon recounted the story to me, I could not help but smile — not in mockery, but in disbelief. I said, perhaps a little too frankly:

"You spent thirty minutes explaining why you couldn't operate. You could have spent just fifteen performing the surgery — and spared him from agony."

To me, that was not just inefficient — it was a failure of empathy.

A surgeon is not merely a technician of the body. He is a custodian of suffering. And there are times — especially in war — when one must not just bend the rules, but break them, if it means preserving human dignity.

What is the purpose of a hospital if it cannot relieve pain? What is the value of obedience, if it means silence before suffering?

I thought then — and I still believe — that the real discipline lies not in adhering blindly to command, but in responding wisely to the need before you. A war may rage around us, but if the hands of a healer are tied by policy, then what remains of medicine?

In that patient's pain, there was no ideology. No politics. No strategy. There was only a wound — and a human asking another for help.

And when everything is in your hands — the skill, the tools, the time — then to deny relief is not just an omission.

It is, in some way, a betrayal of what it means to be a doctor.

The Phantom Surgery

Those were the days when we lived on the razor's edge — with the Iran–Iraq war raging on one front, and nightly unrest unsettling the other. Sanandaj, the capital of Iran's Kurdistan province, though officially under the control of the Iranian Revolutionary Guards, was still fraught with tension. Underneath the thin surface of order, gunfire and whispers filled the night.

On one such night, a particularly fierce exchange of fire broke out between the Revolutionary Guards and local Kurdish rebels. The staccato rhythm of automatic rifles echoed into the early hours — but for us, it had almost become background noise, a dreadful lullaby to which the city had unwillingly grown accustomed.

The next morning, I arrived at the hospital at my usual time — 7 a.m. As I approached the gate, I noticed something unusual. The Director of the hospital, a usually composed and formal man, was waiting at the entrance. Without his usual pleasantries, he ushered me straight into his office.

"Dr. Rao," he said quietly, after ensuring the door was closed, "I will not tell anyone — you have my word. But I must ask: Is it true that you were kidnapped last night by the Kurdish rebels? They say you were taken to operate on their wounded leader, that the surgery was a success, and you were safely returned."

I stood there — completely blank. A fabricated story was spinning through the city, and I was at the centre of it.

I replied calmly, "Nothing of the sort happened."
He studied my face. Then nodded, visibly relieved.

Later, I came to understand the origins of the rumour. It seemed that a Kurdish rebel leader had indeed been wounded in the crossfire that night, and in order to declare his survival — and perhaps to lend it dramatic weight — the rebels spread word that I had been taken to save his life.

Whether the leader survived or not, I never knew. But the story had spread through the city like wildfire.

For days afterward, whenever our Indian doctors visited local shops, the shopkeepers would greet them not with their usual bargaining chatter, but with curiosity:
"Which one of you is Dr. Rao?"
"Was he really kidnapped?"
"Is it true he saved the rebel chief?"

Fortunately, though my name was well known in the city, my face was not. I spent most of my time in the operating theatre — masked, gloved, gowned — a surgeon, not a celebrity. The people knew my name carried weight in healing, but very few had seen me outside the hospital walls.

And so, I walked through the city like a myth — rumoured to have operated in secret, in the mountains, for the rebels. I had become, quite by accident, a silent symbol in a narrative I never wrote.

But such was life in wartime — where truth was fluid, and stories were shaped as much by survival as by fact. Whether I had operated or not seemed to matter less than the comfort the tale gave to one side — or the concern it caused in the other.

For me, it was just another morning in Sanandaj. The war went on. So did the surgeries.

A Small Gesture, A Lasting Satisfaction

At our hospital in Sanandaj, it was a common practice for one of the newly joined Indian surgeons to be deputed to a peripheral district hospital for a month, as part of a rotation policy to support underserved areas. One such hospital was in Marivan—a border town closer to Iraq and often vulnerable due to its proximity to the warfront.

As part of this ongoing routine, one of our newly arrived Indian colleagues was selected for deputation to Marivan. But he was visibly distressed by the order. The reputation of Marivan as a volatile zone, coupled with its limited medical infrastructure, made the idea of going there quite unsettling for someone new to the country and the conflict.

The young surgeon approached me with genuine anxiety. "Sir, I am not mentally prepared to go there. I've just arrived, and I'm still adjusting. Can you help me?"

Understanding his fear—and recalling my own early days in this unpredictable landscape—I decided to intervene. I went to the Director of the hospital and proposed a simple solution. An Iranian surgeon who had recently joined us on a one-month deputation could be sent in his place. He was familiar with the terrain and perhaps better suited for the assignment, at least under the circumstances.

The Director accepted the suggestion but returned shortly afterward, saying, "The Iranian surgeon has declined. He says he has a case of fracture shaft of the femur posted for surgery, so he cannot leave right now."

I paused only briefly before replying, “That’s not an issue. I will handle the femur surgery myself. Let him go.”
Orthopaedic surgeries were not part of my regular schedule—my days were already overflowing with general, gastrointestinal, and urological surgeries—but I took on the case. I successfully operated on the femoral fracture, ensuring that no surgical duty was left undone, and cleared the way for the Iranian surgeon’s deputation.

I do not clearly recall whether our own Indian orthopaedic surgeons had already joined the hospital by then or were yet to arrive. All I remember is the quiet satisfaction I felt afterward. It was not about the surgery—it was about extending a hand to a fellow doctor when he needed it the most.

It was a small gesture, barely remembered in the chaos of daily hospital life, but to me, it represented something larger. In a foreign land, amidst a brutal war, each act of mutual support between colleagues was not only necessary but sacred.

And in helping him, I helped myself—affirming the spirit of service that had brought us all there in the first place.

A small help, A lasting bond

It was during one of my visits to India—what was meant to be a brief one-month holiday—that fate introduced me to a young anaesthesiologist. He was a relative of my brother's friend and had recently been selected by the Islamic Republic of Iran to serve in their health services. Given my own role in Iran, I was naturally inclined to help him settle into the new assignment.

But there was something I had to clarify before we left Indian soil.

"Let me be honest with you," I said to him. "The province where I work—Kurdistan—is perhaps the most restless region in Iran. It borders Iraq and has been a persistent hotspot due to the Kurdish rebellion and the ongoing Iran–Iraq war. It's a place where the echoes of gunfire are more common than the chirping of birds. Think about it carefully—do you want a safer posting, or are you prepared to join me in the eye of the storm?"

I said no more. I let silence do its work.

Perhaps he thought I was trying to unburden myself of future responsibility. Perhaps he thought I was testing his resolve. Whatever went through his mind, he made no objection. He agreed to come with me. And I decided then and there to stand by him fully.

Once we reached Tehran, I accompanied him to the Ministry of Health to get his official posting in kurdistan province.
After arriving Sanandaj he reported to director of medical services of kurdistan province. At that time, the Director of

Medical and Health Services was on leave, so I suggested him to approach the Assistant Director, believing it would be a straightforward process—especially since his assignment to my hospital made both practical and professional sense.

But things took an unexpected turn. The Assistant Director posted him not to my hospital, but to a remote district hospital—far from the support and mentorship I had hoped to provide.

Sensing his unease, I advised him not to join immediately. I asked him to wait a few days until the Director returned from leave. When the Director resumed office, I personally explained the situation to him—and without resistance, the posting was corrected. The young anaesthesiologist joined our hospital in Sanandaj.

He stayed with us for eight years.

During that time, he matured into an exceptional anaesthesiologist. He gained extensive experience, managed war-time emergencies with remarkable composure, and grew not only as a professional but also as a compassionate and deeply humane individual. Over the years, he became more than just a colleague — he became a trusted friend, a steadfast well-wisher, and eventually, a cherished member of my extended family. His journey ultimately led him to be elected President of the Indian Society of Anaesthesiologists — an honour richly deserved, and a testament to his unwavering dedication and excellence in the field.

Looking back, what strikes me is how such a small act—a gesture made during a moment of crossroads—can ripple through time and transform multiple lives.

We often believe that great change requires great action. But the truth is subtler. A small decision taken with honesty, a word offered with integrity, or a gesture extended without expectation—these are the seeds from which extraordinary lives may bloom.

In helping him, I was not merely offering support. I was affirming something greater: that when we act from clarity and compassion, we align with the deeper intelligence of life itself.

The Weight of the Blade: A Surgeon's Calling

There was a day when a formal complaint reached the desk of our hospital director. It came from the in-charge of the operating theatre. The essence of the grievance was simple: the staff could no longer cope with the unrelenting workload. The burden of surgeries, they said, was overwhelming.

The director summoned me for a discussion. He asked, in measured tone, whether the complaint was justified.

I listened, not defensively but reflectively. Then I made a request of my own: "Come sit with me in my outpatient department. Watch the line of patients. Look into their eyes. Hear their pain—not just in words, but in the way they stand, in the way they cling to hope. And then tell me—should we deny them help simply because we are tired?"

I did not dismiss the staff's fatigue. I asked only that the director consider reinforcing the team, to provide us more hands rather than curbing the need. It is a strange irony, I said, to file a complaint against a foreign surgeon—for working too much.

But to me, this was not overwork. It was a responsibility I had accepted with the blade I carried.

A surgeon's duty is not defined by hours or convenience. It is not bound by borders or institutions. The blade is not just an instrument—it is a covenant. Each time I lift it, I acknowledge the sacredness of life and the trust placed in my hands.

If we begin to see surgery as labour alone, we lose the spirit of healing. The tired body can rest, but a weary heart—disconnected from compassion—may not recover.

In war zones and in peace, in scarcity and in abundance, the duty remains the same: to heal where there is hurt, to serve where there is suffering. And in doing so, we do not just save lives—we honour life itself.

In the Shadows of Responsibility

To work as a surgeon on foreign soil is to walk a narrow path. There is no familiar support system, no protective circle to fall back on if something goes wrong. Each decision carries a weight far greater than skill alone can bear—it carries the unseen burden of consequence, culture, and expectation.

It was one such night, deep in the hours past midnight, that the hospital's call came for an emergency cesarean. A seasoned gynecologist, an Indian colleague who had served long in this land, responded promptly. She performed the surgery with precision. The child was delivered, the mother stabilized, and the patient shifted to the ward under the watchful eye of an Iranian resident doctor.

As the gynecologist left for the night in the hospital's ambulance—only to return again for her regular morning duties—there was no indication of the storm that would soon unfold.

Before dawn broke, the mother tragically passed away.

In the wake of grief and confusion, the hospital administration moved quickly. As is often the case when tragedy strikes, blame seeks a name. The first response was procedural: the surgeon's passport was to be seized pending inquiry. The case was escalated to the hospital board—of which I was a member.

I listened quietly as voices around the table discussed policies, responsibilities, and accountability. But beneath their words, I could sense something deeper: fear, avoidance,

and the unsettling pressure to find fault—especially when the surgeon in question was not of their land.
I knew the facts. The operation had been successful. The patient had been handed over to the resident doctor, whose duty it was to monitor the post-operative condition. It was not negligence; it was the unpredictability of life—and perhaps a failure in timely response.

When it came time for me to speak, I said this:

“If an MBBS doctor is not capable of recognizing and managing postoperative shock, then his degree is meaningless.”

There was silence in the room. My words, simple as they were, carried weight. The resident was Iranian, and my statement was not an accusation—it was a reminder. A reminder that competence must transcend nationality, and that responsibility cannot be shifted simply because a foreign name is easier to sacrifice.

In that moment, I stood for my colleague—not out of partiality, but out of principle. Yes, I later advised her to be more cautious. Every death demands reflection. But it was not hers alone to bear. In the delicate chain of postoperative care, each link has its duty.

To be a doctor is not merely to treat illness; it is to navigate human fragility—with integrity, clarity, and compassion. And to lead, especially in unfamiliar lands, is to stand firm not only for what is right, but for those who would otherwise stand alone.

A Concern Without Condition

When we practice medicine in a foreign land—especially amidst the backdrop of war and the delicate web of cultural differences—it is not only technical knowledge or surgical skill that holds us together. It is the silent thread of human concern that binds us, transcending professional roles, hierarchies, and the artificial walls we so easily build between one another.

A newly arrived Indian gynecologist had just joined our hospital, accompanied by her husband, a general practitioner. They hailed from my home region in India, and as so often happens in unfamiliar lands, that shared origin created an immediate sense of closeness—an unspoken bond of comfort.

Until they received their final posting to a district hospital, they were to work temporarily in our unit. I offered them shelter in my quarters—not merely an act of courtesy, but an act of solidarity, an invitation to a sense of home in an otherwise alien environment.

One evening, around 8 p.m., she was called upon to perform an emergency cesarean section. She rose to the task confidently, without hesitation, and without seeking my assistance. I admired her readiness and spirit. Yet I knew she was still new to Persian—the language of her patients, her theatre staff, and the subtle nuances that live in the names of instruments and small exchanges in the operating room.

She did not ask for help. Perhaps she feared seeming uncertain, or perhaps she held trust in the universal nature of surgical protocols and the quiet competence of the Iranian

team. I too trusted the theatre staff—they were experienced, intuitive, and attuned to the sacred choreography of surgery. Yet, somewhere deep within me, a subtle unease stirred.

It was not about doubting her capability or mistrusting the system. It was something more delicate—a quiet concern for both the patient and the surgeon, each navigating a space of vulnerability, each a stranger in their own way.

Moved by this inner impulse, I quietly made my way to the theatre without informing her. I stood outside, unseen, a silent presence. I listened closely to the rhythm of the room: the gentle requests for clamps, the steady calls for sutures, the soft rustle of gauze. Everything moved smoothly, as though guided by an unseen harmony. She completed the procedure beautifully. No intervention was needed. No words spoken. I returned home, inwardly at peace.

Why did I do it?

Not to interfere. Not to evaluate. But simply because I cared.

To care in silence—without imposing, without announcing—is an act of deep love. True concern does not seek acknowledgment or praise; it breathes invisibly, born out of genuine attention and understanding. In medicine, especially in foreign lands, concern must rise beyond hierarchy or formal obligation. It emerges from a shared vulnerability, a shared humanity.

Throughout my career, I held steadfast to this quiet ethic. On countless occasions, I supported colleagues—surgeons and gynecologists alike—but never made it visible to others. My aim was not to diminish their confidence or reputation but to

protect it, to stand behind them like an unseen pillar, firm and unshakable.
Philosophically, this embodies a truth that Jiddu Krishnamurti often spoke of: that relationship is not built on thought, not on duty or tradition, but on direct perception, on pure attention without motive. In those moments, my watching was not out of pride or hidden anxiety. It was a pure act of presence—of being wholly there for another, without judgment, without expectation, without interference.

Sometimes the deepest support is not found in stepping in, but in being silently available—watching with gentle care, not with the urge to control.

That night, I did nothing outwardly heroic. But once again, I learned that true responsibility is not always about acting. It is about being: present, awake, unconditionally attentive, and ready to move only if truly needed—and content, deeply content, if not.

Moments When Silent Work Is Needed

While I was serving as a senior consultant surgeon in Iran, there came a time when I was back in India for a short vacation. During my absence, one of my experienced surgical colleagues performed a ureterolithotomy —a technically demanding operation to remove a stone from the ureter.

Sometime later, as I resumed my outpatient work, a patient walked in with a non-healing lumbar incision from that very surgery. My clinical intuition whispered a possibility that no one wants to hear: a retained surgical gauze. I ordered an X-ray, and there it was—my suspicion confirmed.

I did not hand over the X-ray to the patient, nor did I allow a ripple of panic to spread. Instead, I quietly approached my colleague and showed him the finding. His face tightened with worry—a worry not only for the patient, but for his professional integrity, his reputation, his inner sense of worth.

I reassured him softly, “Don’t worry. We will handle this together, without any third person knowing—not even the anaesthesiologist or the assisting theatre technician. It will remain between us.”

I spoke to the patient gently, explaining that his wound required a minor cleaning under short general anesthesia to ensure it healed well. The patient agreed without suspicion, trusting in the simplicity of my words.

When we reached the theatre, I informed the anaesthesiologist and staff that it was a routine wound debridement under short general anesthesia. As the patient drifted into sleep, I carefully opened the wound through a small incision. My colleague stood close by, eyes alert yet relieved, knowing he was not alone.

I found the gauze piece, grasped it with an artery forceps, and signaled discreetly to my colleague with a silent glance. Now arose the delicate challenge: how to remove it without the notice of the team. With deliberate calm, I diverted the anaesthesiologist's and nurse's attention away from the operative field—perhaps a casual question, a small movement—and in that moment, I slipped the gauze out and dropped it beneath the operating table. It disappeared quietly, like a passing shadow.

My colleague's eyes softened. The strain on his face melted into quiet gratitude. The operation was completed as planned, and the patient went on to heal without further complication. No one else in the room ever knew.

Today, the removal of a stone from the ureter is routinely performed using endoscopic techniques, without the need for any surgical incision.

Philosophical Reflection

Sometimes in life—and especially in medicine—our highest service is not found in grand gestures or public recognition. True service lies in the silent acts of protection, the invisible gestures that guard the dignity of another human being.

Jiddu Krishnamurti often spoke of action free from the self, from image, from ego. This was such an action. There was

no desire for credit, no interest in being seen as a saviour. There was only the quiet urgency to heal, to protect, and to preserve the delicate thread of trust.
In that moment, I was not merely a surgeon, nor was he merely a colleague. We were simply two human beings, connected through responsibility, compassion, and shared understanding.

To support someone without exposing them, without diminishing them, without allowing the whisper of failure to echo beyond necessary walls—this is compassion in its purest form.

Justice in the Hands of a Surgeon

In the complex dance between duty and influence, there comes a moment where one must choose — not between doing or not doing, but between doing rightly and doing righteously.

As a surgeon in a high-demand warzone hospital, my schedule was more than full. Every slot in the operation theatre was spoken for weeks in advance. Emergencies arrived daily. Hope hung on scalpels. And the corridors were lined with patients — ordinary men and women who had travelled from remote corners of kurdistan province, clinging to the promise of healing.

Yet amidst this ocean of need, came ripples of power. Governors, ministers, senior bureaucrats — their offices would send notes, or make polite requests: “Kindly accommodate this case urgently.”

These weren’t always trivial demands. Their loved ones were unwell, in pain, sometimes in danger. I did not question their suffering — for suffering knows no class. But I could not bring myself to displace a farmer’s child, or a laborer’s wife who had already waited her turn, simply because someone powerful had made a phone call.

So, I found a way — a silent middle path.

I never refused. I simply rescheduled.

I set aside Fridays — Iran’s weekend holiday — as my offering to balance this ethical equation. I used these quieter days to take up the recommended cases — not because they

carried weight, but because I refused to let their needs outweigh others'.
If even that was not enough, I would gently classify some borderline cases as "semi-emergencies," squeezing them into the overflow hours — not to manipulate rules, but to preserve dignity for all.

I worked without resentment. But I worked with a principle:

If you wish to help those in high positions, do so — but never at the cost of the common man.

Because true justice is not in obeying authority, but in upholding equity. True compassion is not in serving the powerful quickly, but in ensuring the powerless are not made to wait longer.

Medicine, at its highest, is a sacred act. It demands not just skill, but discernment — the kind that sees every human being as equal in worth, regardless of what office they occupy.

In a world eager to bow before power, I chose instead to kneel before suffering — and serve it, wherever it appeared, without prejudice, without Favor.

That, to me, is the true oath of a surgeon.

Keys to Heaven, Keys to Life

Those were the days of the unending, almost unimaginable Iran–Iraq war — a war that raged on for ten long years. A war that did not merely consume territories, but gnawed at the very heart of humanity.

In those days, countless innocent adolescents were sent to the front lines. Around their young necks hung small keys — keys they were told would open the gates of heaven should they die in battle. These boys, fragile and tender, were made to believe that their ultimate liberation lay not in living, but in a violent, glorified death.

It was compulsory for every adolescent to serve in the army for at least three years. Occasionally, they were permitted short visits home, carrying the heavy weight of impending mortality in their eyes.

Whenever these boys came to my hospital — some with real ailments, some simply seeking a pause from the nightmare of the battlefield — I would offer them something greater than medicine. I would give them extended sick leave, often far beyond what was strictly necessary. In doing so, I felt a quiet satisfaction, a sense that I had perhaps postponed death for them, if only for a little while.

It was not merely a signature on a slip of paper; it was an act of silent compassion. Each extension of leave was a small rebellion against a system that fed youth into the machinery of war, a subtle affirmation that life, however fleeting, was sacred and not to be squandered on illusions of glory.

Yet, when it came to government employees who sought medical leave for lesser reasons, I was strict. I would encourage them to return to work as soon as possible. I would tell them gently, “You will recover more quickly if you rejoin your duties. The body finds healing in movement, and the mind finds healing in stillness.

This was not mere advice, but a deeper understanding of human nature. When the mind clings to avoidance, to escape, it becomes weak, fearful, fragmented. To confront life directly — to meet duty, pain, joy, and sorrow without resistance — is to allow for a deeper healing, one that transcends the body and touches the very core of one’s being.

Krishnamurti often reminded us that the true revolution is an inward one — a revolution that does not come from slogans or outer reforms but from seeing clearly the false as false and the true as true. In those war-torn days, I saw that helping a boy postpone his return to the battlefield was not merely an act of kindness, but an act of seeing clearly the madness of a world that glorifies death over life.

And equally, guiding a man back to his work was an act of helping him face life as it is, not as he might wish it to be — to move with life, rather than resist it.

To truly help another, one must act not from habit, not from rules, but from deep insight into the reality of each situation. Compassion is not indulgence; it is intelligence flowering in love.

When you understand the sacredness of life, even the smallest act becomes a silent revolution.

The Passion That Chose Its Own Path

A true leader, in any field, must be moral, active, and enthusiastic — a living embodiment of what he asks others to be, a true role model.

From the very beginning, I was passionate about surgery — not merely as a profession, but as an art, a calling that demanded complete dedication and love.

When I was one of twelve students selected for postgraduate surgical studies, we were to be divided among six professors, two students under each. The head of the department called us individually to assign postings. I was called first.

At that moment, I faced a profound dilemma. If I chose his unit, I knew the opportunities for hands-on surgical experience would be limited. For various reasons — perhaps hierarchical structure, perhaps the professor's preferences — independent surgical practice there was rare. Yet, he was also the examiner who would eventually decide my fate in the MS examination three years later.

Had I been third or fourth in merit, this conflict would not have arisen; his unit would have already been filled, leaving me free to choose without consequence. But standing first, the choice fell squarely on me.

I could feel the weight of expectation pressing upon me: to please, to conform, to secure my future degree. But deep within, a different voice spoke — not the voice of ambition, fear, or calculated gain, but the quiet, unwavering voice of passion.

In that moment, I chose not security, but learning. Not the comfort of future assurance, but the unknown path of genuine discovery. I politely refused his unit and chose another where I knew I would truly learn surgery as it should be learned — by doing, by immersing, by becoming one with the art.

The head of the department was furious. He felt insulted, betrayed by this young student who had dared to act from his own understanding rather than from fear or tradition. He stormed out, leaving the registrar to complete the assignments. The registrar warned me bluntly: "You will never get your MS degree. He will be your examiner."

I replied simply, "It does not matter if I do not receive the degree. What matters is that I learn surgery. That is why I am here."

This was not an act of defiance for its own sake. It was an act of choiceless awareness — a pure seeing of what mattered most, beyond consequence, beyond reward.

And life, in its strange wisdom, took care of the rest. I did indeed receive my MS degree, passing in the first attempt, because when one acts with total attention and integrity, even rigid systems yield.

Later, destiny carried me to Iran — to a place where my passion found its fullest expression, where I was able to serve in ways I could never have imagined, even amidst war and chaos.

Through this, I learned something profound: true passion is not driven by reward or fear. It is a flame that moves beyond ambition and security. When one sees clearly, without the

image of what one should be or what one might lose, action flows naturally from that clarity.

In Iran, my spirit became an unspoken language that inspired the Indian doctors who worked alongside me. In a war-torn land, amidst bombs and blood, they did not merely follow orders — they shared in the same spirit of undivided attention, of action born of love for the work itself.

Jiddu Krishnamurti often said that to act rightly, one must see clearly — not through the screen of desire or fear, but as things are. My choice that day was not merely about a posting; it was a declaration of my commitment to life, to wholeness, to the art of healing beyond all measures.

Do or Die

It was July 1977 — just one month since I had set foot as a young surgeon in Sanandaj, the capital of Iran's Kurdistan province. I was new to this foreign land, its language, its unspoken codes of trust and suspicion. Each morning felt like a delicate negotiation between caution and commitment.

At that time, there were only two Indian surgeons working there. Before us, an Iranian surgeon had served — but for reasons left unspoken in hospital corridors, he had chosen to leave. Perhaps the strain of working amidst unrest, perhaps the silent weight of responsibility — we never truly knew.

One day, a particularly challenging case arrived at the outpatient department of my colleague: a patient with a non-functioning left kidney, weighed down by a massive staghorn calculus, and tormented by chronic lumbar pain. To compound his suffering, he carried a recent cerebrovascular accident and uncontrolled hypertension — a combination that made surgery perilous.

My colleague, wary and measured, refused to admit him. The following day, the same patient stood at the threshold of my OPD — eyes heavy with pain and silent supplication. I too felt the tug of hesitation. His frailty, his risks — the balance between compassion and prudence felt razor-thin.

Feeling cornered, the patient turned to his last refuge: the director of the hospital. He complained that both surgeons had turned him away, leaving him abandoned in his most vulnerable hour.

Summoned to the director's office, I found myself in a stark room, its plain walls and worn furniture echoing a quiet authority. I spoke with complete honesty: "I can operate, but there is a significant risk. His hypertension and recent stroke make this a dangerous undertaking. My hesitation is not from fear but from concern — for his life, for his family, for the spirit of our duty."

The director listened with an unwavering calm. Over that month, he had watched my hands work, perhaps sensed my inner commitment — a dedication not driven by ambition, but by the simple, sacred urge to heal.

Then he said words I did not expect to hear, especially on foreign soil:
"Cases cannot be referred. You must do it. And if something happens, I will take responsibility. I am there with you."

In that moment, on land far from my own, I felt something extraordinary — not merely administrative support, but a deeper, almost wordless transmission of trust. It was a gesture beyond protocol, beyond bureaucracy — an invisible bridge built between two human beings.

I accepted. In that acceptance, a quiet clarity settled over me. With renewed steadiness, I prepared for the nephrectomy.

Despite every risk, the operation proceeded smoothly — as though guided by an unseen hand. The patient recovered well, and I stepped out of that operating theatre transformed: no longer just a surgeon, but a witness to the silent power of shared humanity.

It was then I understood deeply: this is the land of do or die. There is no halfway, no room for indecision. One acts wholly, or one does not act at all.

That was during the time of the Shah — an era of different rhythms and unspoken tensions. Yet even today, decades later, I remember that moment with luminous clarity.

It was not merely about a high-risk operation. It was about the quiet power of moral support, the profound courage that flows when one is seen not as a foreigner, not as an outsider, but as a fellow human being entrusted with a shared responsibility.

In a world so often fractured by suspicion, rank, and the constant movements of self-interest, such acts shine like a flame in the darkness. They remind us that true encouragement is not born of formal systems or hierarchical authority — it arises from the silent understanding that life, in its deepest essence, is one, indivisible, and sacred.

When Work Becomes Its Own Reward

Those were the days of unrest in Iran. I had already been serving there as a surgeon for five years, and by then, we had all become accustomed to the unpredictable rhythm of war — the distant rumble of artillery, the sudden sirens, the quiet resolve that stitched life back together each morning.

Back home in India, my wife's younger brother had just completed his long journey through medical school. It had taken him many years, each marked by its own struggles and delays. Now, after all that effort, he stood at a crossroads — the future in India looked bleak, uncertain, and overshadowed by a scarcity of opportunities.

Having lost his father, my wife felt a deep responsibility for his welfare. Her concern for her brother was genuine, an echo of familial love that refused to quieten. Each morning at breakfast, almost like a sacred chant, she would remind me: "What about his appointment? Can you do something for him?"

I explained to her, patiently but firmly, that Iran required a minimum of five years' clinical experience even for general practitioners. I suggested that he pursue a postgraduate diploma in anaesthesia to strengthen his chances. But he was reluctant; after years of delays and struggle, he wanted to step directly into work rather than endure further study.

Days turned into weeks. Her request became part of our daily rhythm — a gentle insistence born not of nagging, but of her quiet desperation for her brother's future.

One day, perhaps out of weariness or a moment of simple honesty, I mentioned to the hospital director: “My wife is afraid to stay here alone. She feels she would have moral support if her brother could join us here.”

I expected a polite nod, a sympathetic sigh — but what followed surprised me. Without hesitation, the director took my brother-in-law’s résumé. He did not inform me of his plan; instead, he personally went to Tehran, to the Ministry of Health. Sitting firmly before the officials, he declared: “I need Dr. Rao to stay here. His wife is afraid, and if her brother is appointed, she will allow him to remain. I cannot afford to lose Dr. Rao.”

Moved by this unusual, personal plea, the ministry officials issued an appointment order on the spot — even though my brother-in-law did not yet have his degree certificate, only a provisional pass certificate.

When he arrived in Iran, I took him to meet the director of the Ministry of Health in Tehran. The director examined the documents and asked, “Where is your degree certificate?”

He explained that he had missed the convocation ceremony, the day when degrees are formally awarded. The director looked at me with a helpless expression, but remembering the heartfelt request from our provincial director, he finally said: “Alright. I will give him a posting, but no salary will be paid until he produces his degree certificate. In the meantime, I trust you will take care of his needs.”

I agreed without hesitation. We returned to our province and presented the appointment order to the provincial director. Reading the clause about withholding salary, he simply smiled and said: “Don’t worry. I will make arrangements to

pay his salary from today itself." True to his word, he ensured that my brother-in-law was accommodated with kindness and dignity, receiving his salary from day one.

What is the message in this story?

When you work with sincerity, with love for the work itself rather than for rewards, life has a mysterious way of opening doors you never planned to knock on. The fruits arrive uninvited — like silent guests in the night.

This is not merely about influence or position. It is about the invisible currency of genuine devotion, about actions born from wholeness rather than self-interest. In such actions, there is no calculation, no cunning — only the quiet flowering of rightness.

Krishnamurti often spoke of action without motive — action born out of seeing what is true, without expectation of gain. When work itself is love in motion, every ripple of that sincerity reaches farther than we can see, touching lives in unexpected, sacred ways. This timeless insight echoes what the Bhagavad Gita also teaches: to act without attachment to the fruits of action, seeing work itself as an expression of the sacred.

Trustworthy Companions, Time, and Putting Knowledge into Action

More often than not, during my years as a surgeon, I found myself confronting surgical conditions that even my most respected professors had not encountered in their careers back in the early seventies.

I still remember their candid words to us during our training: “We grant you the master’s degree not because you have already become a master of surgery, but because we believe you possess the capacity — the seed — to grow into one in the years to come.”

Those words carried a rare honesty. They reminded us that true mastery is never handed over as a certificate; it is not a destination but a lifelong unfolding. The degree was merely a beginning — a doorway through which one must pass with humility and a relentless spirit of inquiry.

At the tertiary hospital in Sanandaj, every day brought me face-to-face with the unexpected — rare cases, severe war injuries, complex conditions that required immediate, precise decisions. There was no luxury of rehearsed answers; each patient was a new teacher, each situation a new chapter in the unending textbook of life.

In the nights, while the city lay shrouded in the uneasy silence of war, I found refuge in the pages of operative surgical textbooks. As distant echoes of conflict reverberated outside, I immersed myself in the meticulous details of operative techniques of various surgical specialties — vascular suturing, intricate complex reconstructions. Hour after hour, I traced diagrams, studied case studies, and

absorbed the distilled wisdom of pioneers who had carved paths through uncharted territories of the human body. These books were far more than mere reference materials; they became steadfast companions, silent mentors whose quiet presence offered guidance and solace amidst uncertainty. In their pages, I discovered not just technical mastery, but also the unwavering spirit of inquiry and dedication that sustained me through solitude and self-doubt.

I have come to believe that in any field — whether it is surgery, science, art, or spiritual inquiry — mastery requires an intimate, living relationship with knowledge. It demands that we remain students forever, that we keep our minds open and pliable, ready to receive and question without prejudice.

But study alone is not enough. Knowledge must flow into action — into the subtle dance of mind and hand, into decisions taken in split seconds, into the compassion that underlies every surgical incision. To truly master something is to allow knowledge to dissolve into being, so that action arises not from a rigid store of memorized techniques but from a deep, silent understanding that moves naturally.

In this way, the act of learning becomes continuous, an endless movement that echoes life itself — always changing, always deepening, without finality.

When I look back now, I realize that this devotion to learning and action was my real wealth. It was not merely about acquiring new skills but about refining perception, sharpening awareness, and dissolving the boundaries between the surgeon, the act, and the patient.

In the end, it is not the titles we hold, the applause we receive, or the milestones we count that define us. It is the quiet

moments of unwavering commitment, the silent companionship of our learning, and the delicate merging of knowledge into compassionate action that truly shape our lives.

Mastery is not a final peak to be scaled but a journey that unfolds endlessly — like a river finding its way, shaping the land softly but with unwavering strength.

When the mind ceases to chase recognition and simply moves with total awareness and love for the work, then every action becomes an expression of wholeness. In that undivided movement, life reveals its deepest meaning — not in the pursuit of becoming someone, but in the simple, sacred act of being fully present to each moment.

Beyond Duty and Fear

One must inquire deeply into the source of one's action. Is it born out of a sense of duty, from the heavy conditioning of responsibility, or from the fear of losing a job, a position, or social approval? Is it driven by the fear of punishment or the subtle anxiety of losing one's reputation, of being seen as less than what one imagines oneself to be?

Most of us act from these motives, often unconsciously. We obey, we strive, we perform — not because we truly see what is to be done, but because we are caught in a web of expectations, comparisons, and fears. Such actions, though they may appear noble or efficient on the surface, carry within them the seeds of conflict, sorrow, and division.

Action born of fear is always accompanied by anxiety; it binds the mind to a pattern, corrupts the heart, and limits perception. Action born of duty or ambition is still tethered to the self — to the "me" that wants to achieve, to gain, to become.

But there is another kind of action — an action that arises naturally, without motive, without the shadow of reward or punishment. It is an action that flows from compassion.

Compassion is not an idea; it is not cultivated by thought or practiced as a virtue. It arises when the mind is utterly silent, free of the self-centred movement of thought. In that silence, there is the direct perception of suffering — not your suffering or my suffering, but suffering as it is, universally and indivisibly. From that seeing, true action is born.

Action born of compassion does not ask for a result, does not seek acknowledgment, and does not leave behind regret or pride. It is like a flower that blooms because it must, or a river that flows because it is its nature to do so. It is pure, whole, and immediate.

To live and act from this space is to live without conflict — to respond to life as it unfolds, moment by moment, without carrying the burden of becoming. In such action, there is freedom, there is beauty, and there is the sacred fragrance of love.

In the flame of total responsibility, the self dissolves, and only life remains.

The Sacredness of Life Beyond the Surgeon's Ego

An error in judgment is not necessarily a mistake. In surgery, as in life, errors can arise despite our best intentions and skill. Most often, they can be recognized and corrected — provided the surgeon possesses the humility to acknowledge them and the courage to act.

But negligence is of a different nature altogether. Negligence is not an innocent lapse; it is an act born of carelessness, indifference, or arrogance — and it is a punishable betrayal of trust, a criminal act.

The most dangerous obstacle to correcting an error is the ego. It is that subtle, persistent voice that whispers: "Do not admit your mistake; protect your image at any cost." The ego seeks to preserve its illusion of perfection, even at the expense of human life.

Throughout my career, I never hesitated to reopen a case when necessary — whether it was my own or that of a colleague. It was never an admission of failure, but rather a profound commitment to the sanctity of life. In every such moment, I was guided by a single, unwavering principle: life is sacred. Within my surgical team, there was no room for ego. We acted decisively, without hesitation and without pride, focused solely on saving every life entrusted to us.

The ego is essentially an illusion. It is a creation of thought — a self-image we build and then tirelessly defend. It fears being exposed, fears failure, fears vulnerability. Yet, in reality, this self-image is a barrier that prevents clear seeing and right action.

As an old surgical saying goes: “If you don’t want any complications, do not operate on serious and complicated cases.”

I recall an incident in India during the late 1980s. A patient, operated on by two of the most senior surgeons in Visakhapatnam, began slipping into shock in the recovery room. The anaesthesiologist — a trusted colleague who had served alongside me for eight years during the war in Iran — urged the surgeons to reopen the wound immediately, suspecting internal bleeding. Initially, they hesitated, afraid that the patient might not survive another surgery.

But the anaesthesiologist, with unwavering compassion and clarity, told them: “I will take care of the patient’s condition. You must act now.” Encouraged by this trust, they reopened the wound, secured the bleeding point, and the patient’s life was saved. In that moment, the surgeons transcended their fear and pride; they acted from a place of responsibility and compassion, not from ego.

In contrast, I remember another case after my return to India. A young patient, operated on by a senior surgeon in Visakhapatnam, developed a correctable complication. The surgeon knew what needed to be done — to reopen the case and address the issue. Yet, his ego stood like a wall before him. Unable to admit his error in judgment, he refused to act. The young life was lost. A criminal case followed, and I felt no pity for the surgeon, for he had allowed his illusion of self to overshadow his duty to life.

A Philosophical Reflection (inspired by Jiddu Krishnamurti)

True action is born out of compassion and understanding, not from the narrow corridors of ego and self-interest. When

there is no “me” interfering, there is no conflict, no fear of reputation, no resistance to acknowledging mistakes. There is only a direct, choiceless response to the urgency of life.

Krishnamurti often spoke of a mind that is free from the tyranny of the self — a mind that acts out of pure observation, without the distortion of past knowledge or future anxiety. In that freedom, action is immediate, intelligent, and compassionate.

A surgeon, like any human being, must see the falseness of the ego. He must see that life is far more sacred than any personal image or ambition. To truly serve life is to move beyond the self, to act without the burden of pride or fear.

When the surgeon’s mind is free from ego, there is only the patient, the present moment, and the sacred responsibility to heal. In that freedom, each action becomes a true expression of love — not as sentiment, but as a living, urgent necessity.

What Have We Solved?

I Kill you, You kill me —
what have we solved?

Ashes in the wind,
echoes of our fear.
names and flags scattered,
dreams burnt into dust.

We worship the sword of ideology,
we kneel before the idol of nation,
yet our hearts remain empty,
crying for a love we do not know.

See the root-
the ancient wound of separation,
the craving to become, to dominate,
to be secure in our smallness.

Look deeply into this mirror,
without flinching, without escape.
Can you see the violence
hidden in each ambition, each comparison?

End the war within-
for only in the quietest heart,
untouched by division or desire,
Can true peace blossom.

Violence is the most primitive response of a mind that has not understood itself. When we strike at each other — with words, with weapons, or with subtle psychological

manipulations — we believe we are resolving conflict, securing safety, or defending an idea. But in the very act of violence, we only multiply hatred and division.

You may kill me, and I may kill you; in that reciprocal destruction, what has fundamentally changed? The cause of conflict — the deep-rooted division in the mind — remains untouched. You may eliminate an individual or suppress a group, but the seed of violence remains, to sprout again in another form, in another generation, in another heart.

Violence is the outcome of separation: the “me” and the “you,” the “we” and the “they.” As long as we hold to this psychological division, conflict is inevitable. No ideology, no religion, no nation, no belief can justify killing, because killing is the ultimate expression of that inner fragmentation.

Violence does not solve anything; it perpetuates the very problem it seeks to end. It may bring temporary order or silence, but beneath it, the volcano of hatred continues to simmer.

True resolution lies not in outward aggression but in inward understanding. It requires perceiving the movement of thought that divides, the ego that craves security through domination. When this is seen with clarity, violence naturally comes to an end — not through suppression, but through the light of insight.

When there is no division, there is no conflict. When the mind realizes its own conditioned movement, there is peace — a peace not born of agreement or conformity, but of deep inward freedom.

In the hush beyond thought

There is a silence
not woven from absence,
but born where words dissolve
like mist before the morning sun.

It is not the silence of an empty room,
nor the hush that follows a final note —
it is the silence where the self ceases to measure,
where the seeker forgets the path.

In this silence, truth is not a treasure to be found,
nor a summit to be climbed.
It is the simple blooming of a wild flower,
untouched by the hand of desire,
unwatched by the eye of becoming.

Here, the heart listens
without the echo of yesterday,
without the shadow of tomorrow.
Thought falls away like dry leaves,
and only the living moment breathes.

Beyond belief, beyond all books and masters,
truth stands alone —
a clear sky unbroken by flight.
It neither invites nor resists,
but waits in the quiet depths of being.

Sit here, in the gentle clarity of this vastness.
Let the mind grow still as a moonlit lake.
In the soft glow of this silence,
truth whispers itself —
wordless, whole, complete.

Choiceless Seeing

There is a seeing
untouched by preference,
a gaze that neither gathers nor rejects,
but simply rests upon what is.

In this seeing,
there is no path to follow,
no ideal to become,
no division between watcher and watched.

Thought, forever weaving its nets,
falls silent in the face of this vastness.
The mind, weary of its own endless movement,
comes to rest without effort.

Awareness flows —
like a river unbound by its banks,
like the sky that holds each cloud
without clinging, without naming.

In choiceless awareness,
there is no question of right or wrong,
no striving to be free,
only freedom itself, unfolding.

It is not cultivated by discipline,
nor born from the soil of practice.
It flowers in stillness,
where the self has dissolved
like salt in the sea.

To see without the walls of thought,
to hear without translating into words,
to be without becoming —
this is the sacred flame.

In that quiet light,
the heart knows love without object,
and life reveals itself
in its undivided, timeless wholeness.

Timeless Mirror

In the hush before a thought is born,
A mirror hangs in the empty sky.
No tremor of name, no echo of form,
Just a stillness where all worlds lie.

The mind, a restless painter,
Brushes past and future on a trembling veil.
But beyond the hush of becoming,
A single breath reveals the holy trail.

Not the seeker, nor the sought,
Not the dreamer threading time's soft loom—
But the flame before the candle knows itself,
The silence deeper than any room.

Can you look without a word?
See the tree without the tree?
In that glance without a centre,
All divides dissolve, all waves set free.

Awareness—untouched, unborn—
Moves with the wind yet remains unbound.
It is not yours to keep or find;
It is the timeless pulse, everywhere around.

When thought folds into its own ashes,
Perception glows, clear as a star.
Then you are not separate from the vast—
You are the watcher, and what is watched, are.

Choiceless Awareness

There is an awareness that does not choose. It does not say, this is good, that is bad; this must be pursued, that must be avoided. It does not measure experience against the yardstick of desire or fear. It does not divide the world into what should be and what is.

This awareness is not the product of practice or discipline. It is not born out of effort, nor does it belong to the realm of cultivated virtues. It is like the open sky, endlessly spacious, receiving every passing cloud without attachment or resistance.

When the mind ceases to chase its own shadows — the endless movement of becoming, the constant striving to be something more — there arises a clarity that is not of thought. In this clarity, every movement of the self is seen as it is, without judgment, without distortion. The seeing itself is the ending.

Choiceless awareness is not a goal to be achieved tomorrow; it is the immediate, living fact of being fully present now. In this state, there is no observer separate from the observed. There is no hidden motive shaping perception, no secret longing colouring the view. There is only pure perception — a listening so complete that even the subtlest whisper of the mind is heard and dissolved.

In such awareness, love is not an emotion limited by attachment or memory. It is an unbounded movement, free from the cage of the self. Compassion arises, not as a duty or a cultivated response, but as a natural fragrance of understanding.

It is in this silent seeing that truth reveals itself — not as an idea, not as a conclusion, but as a living, dynamic movement without beginning or end. To live in choiceless awareness is to live in freedom, in freshness, in constant renewal. It is to meet each moment without the heavy burden of yesterday, without the trembling anticipation of tomorrow.

To be thus aware is to stand alone, not in isolation but in the purity of aloneness that is untouched by the noise of the world and the noise of one's own mind. It is to be in touch with life at its most sacred and subtle depths, where every leaf, every breath, every glance contains the immeasurable.

When there is choiceless awareness, there is no conflict, no struggle to become, no search for meaning outside what is. There is a silent flowering of intelligence, a deep stillness that holds all of existence in a gentle, ungrasping embrace. In that stillness, one discovers that truth is not somewhere far away; it is here, in the simple act of seeing without choice, without self.

True awareness is not a choice — it is a silent witnessing of all that arises, without resistance or preference. In this openness, life reveals its deepest freedom.

Today, simply watch — without judging, choosing, or resisting. Let each thought, feeling, and sensation arise and pass like clouds in a vast sky. In this silent seeing, you discover a freedom deeper than choice.

Let today be a gentle witnessing — see every thought, feeling, and moment as it is, without choosing, resisting, or clinging. In this pure, choiceless awareness, freedom quietly unfolds.

About the Author

Dr. Venkata Rao Potluru, M.S.
Born: 1947

Education

- M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery), 1969
- M.S. (Master of Surgery), 1973
  Both degrees were obtained from **Guntur Medical College, Andhra University**, Andhra Pradesh, India (1964–1973).

Professional Career

Dr. Potluru is a Consultant General and Abdominal Surgeon with extensive expertise in war and trauma surgery, hepatobiliary and gastrointestinal surgery, urology, and gynaecological procedures.

From 1977 to 1992, he served as Senior Consultant Surgeon at **Tohid Hospital**, a major tertiary referral center in Sanandaj, the capital of War-torn Kurdistan, Iran—working through both wartime and peacetime for 15 years. He later worked for five years (1993–1997) as Senior Consultant Surgeon at **Misrata Central Hospital**, a postgraduate institute in **Misrata, Libya**.

The remainder of his career was devoted to service in India, primarily at **St. Ann's Hospital,**

Visakhapatnam, where he continued as a Senior Consultant Surgeon until his retirement from active practice in November 2021.

Philosophical Influences

Since 1982, Dr. Potluru has been deeply influenced by the teachings of **Jiddu Krishnamurti** and the principles of true non-dual philosophy, which continue to shape his writings and reflections.

Also, by Dr. Venkata Rao Potluru

- **The Timeless Awareness**
  An Art of Thought-free Living.

- **Echoes of Awareness – Series 1, 2 & 3**
  Poetic reflections inspired by the teachings of Jiddu Krishnamurti, revealing the beauty of seeing without the self.

- **Living Under Fire**
  The art of true living in a violent world.

- **Where the Self Ends, Life Begins**
  The Quiet Revolution Of seeing without the self.

❖ **Life's Companion**
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Operating Under Fire

Operating Under Fire is not merely a chronicle of war surgeries; it is a meditation on the fragile thread that binds all human life.

In the crucible of revolution and conflict, amidst bombs and silent cries, a surgeon discovers that true healing transcends technical skill – it is an act of undivided presence.

Drawing from experiences on the frontlines in Iran, this book reflects on choiceless awareness, the quiet strength of compassion, and the timeless dance between life and death.

Here, under fire, to heal is to see without judgment, to act without self, and to embrace the sacredness of every fleeting breath.